

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 12, 2003

Re: IRO Case # M2-03-1534

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 56-year-old female who was injured on ___. The details of the injury and initial treatment were not provided for this review. The records indicate that the patient mainly had problems with her low back, and also some neck pain after her injury. The patient's back pain was treated unsuccessfully by lumbar surgery on four occasions. X-rays of the cervical spine on 4/11/01 suggested degenerative disk disease from C3-4 through C6-7, with the disks at the levels between also being involved with degenerative joint disease and spur formation. Although not mentioned earlier, a report of 5/29/02 indicated C4-5 retrolisthesis of 5mm. The patient complains of back and lower extremity pain.

Requested Service(s)

Cervical fusion with instrumentation C3-C6

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The documentation provided indicates both that the request is for a procedure at C3-4, 4-5 and 5-6, and that it is for a procedure at C4-5, 5-6, 6-7. It would not be reasonable to propose a procedure that would exclude C3-4, as that level is involved and may well contribute to the patient's discomfort.

In a 5/16/03 report, it is noted that the patient "complains of increasing back and leg symptoms." A spinal cord stimulator for that problem was even suggested, which would indicate significant, ongoing, disabling difficulty in the lumbar spine. Under those circumstances, putting the patient through what would probably be an unsuccessful approach to her cervical discomfort would not be indicated, especially considering the extensive procedure that would be required.

There is a difference of opinion regarding which levels are to be dealt with surgically, and on none of the tests does it indicate a particular level that if it were fused would be of any significant benefit. The physical findings and complaints, especially in view of the unsuccessful lumbar attempts at dealing with degenerative disk disease, indicate that continued non-operative conservative treatment is the only logical course to follow.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 13th day of August 2003.